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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/701,230	11/04/2003	Joseph W. Coburn JR.	15263	5278
7590	11/30/2004		EXAMINER	
R. GALE RHODES, JR. MOSER, PATTERSON & SHERIDAN, LLP Suite 100 595 Shrewsbury Avenue Shrewsbury, NJ 07702			MARKHAM, WESLEY D	
			ART UNIT	PAPER NUMBER
			1762	
			DATE MAILED: 11/30/2004	

Please find below and/or attached an Office communication concerning this application or proceeding.

<b>Interview Summary</b>	<b>Application No.</b>	<b>Applicant(s)</b>	
	10/701,230	COBURN, JOSEPH W.  	
	<b>Examiner</b>	<b>Art Unit</b>	
	Alicia M Harrington	2873	

All participants (applicant, applicant's representative, PTO personnel):

(1) Alicia M Harrington.

(3) \_\_\_\_\_.

(2) R.Rhodes.

(4) \_\_\_\_\_.

Date of Interview: 12 November 2004.

Type: a) Telephonic b) Video Conference  
c) Personal [copy given to: 1) applicant 2) applicant's representative]

Exhibit shown or demonstration conducted: d) Yes e) No.  
If Yes, brief description: \_\_\_\_\_.

Claim(s) discussed: 1-18.

Identification of prior art discussed: none.

Agreement with respect to the claims f) was reached. g) was not reached. h) N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: The Examiner informed Mr. Rhodes the a restriction requirement was necessary for this application. Claims 1-7 drawn to 359/742 and claims 8-18 drawn to class 427/162. Mr. Rhodes elected claims 8-18. The Examiner wil transfer the application..

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.



Examiner's signature, if required